	SUPERIOR COURT OF CALIFORNIA, COUNTY OF	FOR COURT USE ONLY	
	STREET ADDRESS:		
	MAILING ADDRESS:		
	CITY AND ZIP CODE:		
	BRANCH NAME:		
Г	CASE NUMBER:		
H			
	CAREGIVER INFORMATION FORM		
To the foster parent or relative caregiver of the child: You may submit written information to the court or to the child's social worker, or you may attend review hearings. This optional form may assist you in providing written information to the court. Please type or print clearly in ink and submit the form well in advance of the hearing. Be aware that other individuals involved in the case have access to this information.			
1.	Child's name:		
	Child's date of birth: Child'	s age:	
2.	Name of caregiver:		
	Address (confidential): Phone	no.:	
	Type of caregiver: Foster parent Relative Other (specify):		
3.	The child has been living in my home for years mo	onths.	
4.	 4. Current Status of Child's Medical / Dental / General Physical and Emotional Health		
5.	5. Current Status of Child's Education There is no new or additional information since the last court hearing. There is new or additional information since the last court hearing (do not include the names of the schools):		
6.	 a. The child is is is not a special education student. b. If the child is a special education student, please also state the date of the last Individ 	ual Education Plan (IEP):	
7.	Current Status of Child's Adjustment to Living Arrangement There is no new or additional information since the last court hearing. There is new or additional information since the last court hearing:		

NAME OF CAREGIN	/ER:	CASE NUMBER:
NAME OF CH	IILD:	
There is no	f Child's Social Skills / Peer Relationships new or additional information since the last court hearing. v or additional information since the last court hearing:	
There is no i	f Child's Special Interests / Activities new or additional information since the last court hearing. v or additional information since the last court hearing:	
	ormation new or additional information since the last court hearing. or additional information since the last court hearing:	
If you need more space to respond to any section above, please check this box and attach additional pages. Number of pages attached (specify):		
Date:		
	•	
	(TYPE OR PRINT NAME)	(SIGNATURE OF CAREGIVER)